

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILED DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2						
3						
4						
5	24		4			
6	4		4			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	4		4			
12	4		4			
13	A	X	4			
14	1	4	7			
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50						
TOTAL IND.			2			
TOTAL DEP.			30			
TOTAL CLAIMS			32			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						